

### Important information about this form:

- Fill out this form to change the name of the Account Owner/Custodian or Beneficiary.
- A separate form should be submitted for each individual listed on the account who is changing their name.
- A notarization acknowledgement is required for the Account Owner's change of name in **Step 4**.
- If the change of name is for the person who owns a bank account connected to the DreamAhead account, you might need to update that bank account information as well.
- A notarization acknowledgement is required for an Entity Account or an Account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner (**Step 4**).

### Need help?

Give us a call Monday – Friday  
from 6am – 5pm PT at

**1-844-529-5845**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

### Mail the form to:

DreamAhead College  
Investment Plan  
P.O. Box 9661  
Providence, RI 02940-9661

### Overnight Mail:

DreamAhead College  
Investment Plan  
4400 Computer Drive  
Westborough, MA 01581

## 1 DreamAhead account information

\_\_\_\_\_  
Name of Account Owner (First and last)

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_  
Account Owner's Social Security or Taxpayer Identification Number

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_  
DreamAhead account number

### 2 Name change

Who is this change of name for? (Select one)

- ☐ Account Owner/Custodian  
(A Medallion Signature Guarantee is required to change the Account Owner's name in **Step 4**)
- ☐ Beneficiary

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Old name (First and last)

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New name (First and last)

Reason for change: ☐ Marriage ☐ Divorce ☐ Other: \_\_\_\_\_

### 3 Sign the form

By signing this form, you're confirming the information you've provided is true for the change of name.

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Signature of Account Owner/Custodian/Authorized Representative  
of Entity

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Date (mm/dd/yyyy)

### 4 A notarization acknowledgement is required for a name change

**Keep in mind that:**

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Account.

**Only sign if you are in the presence of a notary public or other officer providing notarization.**

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
Day (#) Month Year

\_\_\_\_\_  
Signature of Account Owner/Authorized Representative of Entity

State of Washington, County of \_\_\_\_\_

This instrument was acknowledged before me

☐ physical presence ☐ online notarization

on \_\_\_\_\_  
Date (mm/dd/yyyy)

by \_\_\_\_\_  
Name of person (First and last)

My term expires: \_\_\_\_\_  
Date (mm/dd/yyyy)

**Notary Public (Seal)**

\_\_\_\_\_  
Signature of Notary Public